



## 2014 Application for Financial Assistance

- All blanks in Steps 1, 2, 3, and 4 are filled in and complete.
- Proof of family income is attached as requested by Funding Policies A and B on page 4 of this application. **Applications will not be processed without required supporting documents.**
- Please apply for sessions starting between deadlines at the earlier deadline.
- Deadlines are the 15<sup>th</sup> of each month.

Administered by  
**Sport**  
MANITOBA

Corporate Sponsor  
THE  
**Great-West Life**  
ASSURANCE COMPANY  
STRONGER COMMUNITIES TOGETHER™

# **WHERE DO I MAIL OR FAX THE FORM?**

**If you live IN Winnipeg send to the Winnipeg office:**

145 Pacific Ave, Winnipeg MB, R3B 2Z6 OR (Fax) 204-925-5638

Phone #: 204-925-5922

**If you live OUTSIDE of Winnipeg send to the rural Manitoba office:**

Rm. 146, 340 – 9<sup>th</sup> St. Brandon MB, R7A 6C2 OR (Fax) 204-726-6583

Phone #: 204-726-6072

**If you need assistance completing this form please contact your Regional Office**

## **Central Region**

Ph: 204-822-6735, Fax# 204-726-6583 or [central@sportmanitoba.ca](mailto:central@sportmanitoba.ca)

## **Eastman Region**

Ph: 204-268-2172, Fax# 204-726-6583 or [Eastman@sportmanitoba.ca](mailto:Eastman@sportmanitoba.ca)

## **Interlake Region**

Ph: 204-642-6015, Fax# 204-726-6583 or [interlake@sportmanitoba.ca](mailto:interlake@sportmanitoba.ca)

## **Norman Region**

Ph: 204-778-3109, Fax# 204-726-6583 or [norman@sportmanitoba.ca](mailto:norman@sportmanitoba.ca)

## **Parkland Region**

Ph: 204-622-2094, Fax# 204-726-6583 or [parkland@sportmanitoba.ca](mailto:parkland@sportmanitoba.ca)

## **Westman Region**

Ph: 204-726-6072, Fax# 204-726-6583 or [westman@sportmanitoba.ca](mailto:westman@sportmanitoba.ca)

## **Winnipeg Region**

Ph: 204-925-5922, Fax# 204-925-5638 or [kswinnipeg@sportmanitoba.ca](mailto:kswinnipeg@sportmanitoba.ca)

## **QUESTIONS?**

**Call KidSport Toll Free at 1-866-774-2220**

# Application to the KidSport™ Fund for Financial Assistance

## STEP 1 CHILD INFORMATION

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Male  Female Age \_\_\_\_\_ Birth Date: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Number of Dependent Children in Family (Age 18 and Under): \_\_\_\_\_

Has this Child Ever Received KidSport™ Funding Assistance Before?  Yes  No If YES when? \_\_\_\_\_

Sport Child will be Participating in: \_\_\_\_\_ Number of Years in Sport: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ Minus Portion Family Will Pay: \$ \_\_\_\_\_ = **Total Funding Request:** \$ \_\_\_\_\_

**I authorize KidSport and the Sport Organization to discuss the status of this application.**

Parent/Sponsor/Guardian Signature \_\_\_\_\_ Date : \_\_\_\_\_

## STEP 2 PARENT / SPONSOR / GUARDIAN INFORMATION

**Note: The parent/guardian/sponsor will act as the contact person for the child & will receive all correspondence.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (if different from Child's): \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship to Child (i.e. Parent/Sponsor/Guardian/other): \_\_\_\_\_

Please check one:  Single Parent  Married  Common-Law

Do any of the following apply to your family?  Social Assistance  Foster Parent

## STEP 3 SPORT INFORMATION

*\*\*Please take this form to the Sport Organization/Club for completion.*

Sport Organization/Club: \_\_\_\_\_

Cheque to be Made Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_

Sport Organization Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

Sport Registration Fee: \$ \_\_\_\_\_ (not including fundraising bonds, canteen bonds, pictures etc.)

Program Dates: (Start) \_\_\_\_\_ (End) \_\_\_\_\_

#### STEP 4 FINANCIAL INFORMATION

I have provided the following supporting documents: *(please check all boxes that apply)*

Canada Customs and Revenue Agency NOTICE OF ASSESSMENT (NOA) *(See Funding Policy 'A')*  
*(If married or common-law, you must include both partners' Notice of Assessments or the application will be considered incomplete)*

Proof of Social Assistance Status *(See Funding Policy 'B')*

Proof of Foster Parent Status *(See Funding Policy 'B')*

Other Income: \_\_\_\_\_

The Notice of Assessment(s) provided accurately reflects my current financial situation.  Yes  No  
**If NO, provide a letter explaining and provide proof of your current financial situation (i.e.: pay stubs).**

#### SPORT MANITOBA OFFICE USE ONLY:

Total Household Income \$ \_\_\_\_\_

#### FUNDING POLICIES

- A) A copy of Canada Customs and Revenue Agency Notice of Assessment (NOA) must be provided. **Applications will not be processed without proof of income and additional financial information may be requested.** If you do not have your most recent Canada Customs and Revenue Agency Notice of Assessment, contact Revenue Canada at 1-800-959-8281.
- B) If you are a Foster Parent for the child applying, or on Social Assistance, please provide proof of Foster Parent Status or Social Assistance Status.
- C) Financial assistance to individual athletes is designed to help children ages 18 and under who would not play a sport without KidSport™. Preference is given to children being introduced to a sport.
- D) Financial assistance is disbursed up to a maximum of \$300 in a calendar year per athlete.
- E) Sport activities must be affiliated with organizations recognized by Sport Manitoba.
- F) Costs relating to camps, travel, championships, uniforms, etc. do not qualify.
- G) Funding cheques are sent directly to Sport Organizations/Club.
- H) To view the low income cutoff levels used by KidSport™ Manitoba, please visit:  
[http://www.kidsportcanada.ca/index.php?page=manitoba\\_how\\_to\\_apply](http://www.kidsportcanada.ca/index.php?page=manitoba_how_to_apply)

**Applications must be complete and received in the Regional Office by the deadline to be considered. If you need assistance completing this form please contact your Regional Office.**

**ALL INFORMATION PROVIDED IN THIS APPLICATION WILL BE RETAINED BY KIDSPORT AND SHALL NOT BE RELEASED TO ANY OTHER PARTY WITHOUT THE EXPRESS WRITTEN CONSENT OF THE APPLICANT.**